

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA☒ EEOC

470-2010-01116

Indiana Civil Rights Commission

and EEOC

Name (Indicate Mr., Ms., Mrs.)

State or local Agency, if any

Ms. Emily S. Kysel

Home Phone (Incl. Area Code)

(219) 210-1418

Date of Birth

Street Address

City, State and ZIP Code

4936 Evanston Avenue, Indianapolis, IN 46205

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

CITY OF INDIANAPOLIS

No. Employees, Members

500 or More

Phone No. (Include Area Code)

(317) 327-8700

Street Address

City, State and ZIP Code

Department Of Code Enforcement, 1200 S. Madison Avenue, Indianapolis, IN 46225

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE☐ COLOR☐ SEX☐ RELIGION☐ NATIONAL ORIGIN☐ RETALIATION☐ AGE☒ DISABILITY☐ OTHER (Specify below.)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

01-25-2010**01-25-2010**☒

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I am employed by the City of Indianapolis, Department of Code Enforcement, as a Project Development Analyst. As an accommodation for my disability, it is necessary that I be accompanied by a service dog. On January 25, 2010, the City of Indianapolis, Department of Code Enforcement, informed me that my service dog can no longer accompany me at work. I believe that I have been discriminated against because of my disability, in violation of the Americans with Disabilities Act.

EEOC Indianapolis
District Office

JAN 27 2010

RECEIVED

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

Jan 27, 2010

Date

Charging Party Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

